



Yankton County Drug Court Checklist for Defense Attorneys

If you have a client who you think is appropriate for the drug court program you need to do the following:

1. Have your client fill out the Application for Drug Court and Basic Understanding, Waiver and Agreements. The Application and Waiver is attached. They should be turned in to the Drug Court Office/Court Services.
2. You should notify the Drug Court Specialist, Sharon Kraft at (605) 668.5459. The Drug Court Specialist will then notify the State's Attorney that your client is applying to drug court. If the State's Attorney vetoes the Application, your client is ineligible for drug court.
3. The Drug Court Specialist will contact the Lewis & Clark Behavioral Health Services Chemical Dependency Counselor in Yankton 665-4606 to arrange for your client to undergo a chemical dependency evaluation. The evaluator will be informed the evaluation is for possible admission to drug court.
4. Educate your client on drug court. Drug court is an intense and rigorous program and not all clients are sufficiently motivated to be successful in the program. Provide him or her with the Participant Handbook, a copy of which is attached.
5. Your client will then plead guilty to the charge or charges or admit the probation violation.
6. You will be contacted by the court services officer for drug court and asked to supply certain information about your client to the drug court team.
7. The drug court team will then vote on whether your client will be admitted to drug court.
8. If your client is accepted into drug court, the drug court defense attorney will meet with you and your client to answer your client's questions about the program.
9. Your client will appear for sentencing. **ACCEPTANCE INTO DRUG COURT DOES NOT GUARANTEE THAT THE JUDGE WILL SENTENCE YOUR CLIENT TO DRUG COURT.**
10. If sentenced to drug court, your client will become an active participant after any jail or penitentiary time and any inpatient treatment ordered by the sentencing judge.

If you have questions or concerns, please contact the drug court office at 668-3075 or Attorney Luci Youngberg at 665-4308



Yankton County Drug Court Application, Rules & Regulations

- Fill out and submit the attached application to the Yankton County Drug Court Specialist (Sharon Kraft – Court Services, 410 Walnut Street, Suite #203, Yankton, SD 57078)
- After the application is completed, the applicant will undergo a Treatment Needs Assessment and a Risk/Needs Assessment.
- You will receive written notification of acceptance or denial into the program.

CONTACT INFORMATION

Name: _____ **DOB:** _____

Address: _____ **City:** _____

Cell/Phone Number: _____

PROGRAM OUTLINE

Yankton County Drug Court is a court supervised, treatment orientated program and targets non-violent participants whose major problems stem from substance abuse. Yankton County Drug Court is a voluntary program. The program includes regular court appearances before the Drug Court Judge, alcohol/drug abuse treatment, individual/group counseling, alcohol/drug testing, and regular attendance at support group meetings (e.g. 12-step meetings). The Drug Court team may assist and require educational/vocational/and or job placement services. The program length will be determined by the participant's progress, but will be no less than 17 months

APPLICATION REQUIREMENTS AND POLICY

All participants must voluntarily make application to the Yankton County Drug Court, undergo an eligibility assessment, and complete a chemical addiction assessment. All candidates must make an application to the Yankton County Drug Court Specialist no longer than 50 days from the date of arrest, unless granted an exception by the drug court. Candidates may enter the program only after approval by the Yankton County Drug Court Team.

The defendant consents to the disclosure of Drug Court application information, including a Risk/Needs Assessment and a Treatment Needs Assessment, prior to entry of a plea, for the purposes of obtaining information useful for acceptance into the Drug Court Program.

No applicants will be excluded based on the existence of a co-occurring disorder or other medical condition. All reasonable efforts will be made to ensure that the time between arrest and entry into the drug court program is less than 50 days.

SCREENING AND ELIGIBILITY CRITERIA

- Drug Court is a post adjudication program. Participants must plead or have been found guilty of a felony drug related offense or drug related probation violation.
- Candidates must be at least 18 years of age;
- Candidates are only accepted into the program on a voluntary basis. Submission of a signed application into the program is deemed a voluntary request for admission.
- No person whose current conviction is for the offense of distribution of a controlled substance or marijuana may be accepted;
- No person who is currently required to register as a sex offender may be accepted;

- No person whose current conviction is for a crime of violence as defined by SDCL § 22-1-2(9), or who has previously been convicted of a crime of violence as defined by SDCL 22-1-2(9) may be accepted;
- No person who has seven lifetime convictions for driving under the influence may be accepted unless otherwise determined appropriate by the local drug court team;
- Candidates must have a chemical dependency diagnosis;
- Candidates must meet risk-needs criteria as established by utilization of a validated risk-needs assessment tool and a validated clinical assessment tool;
- Candidates must constitute a substantial risk for reoffending or failing to complete a less intensive disposition, such as standard probation;
- The prosecutor with jurisdiction over the offense must approve the offender's participation in the program;
- Applicant must reside within Yankton County to allow for intensive supervision.

Crime of Violence as defined by South Dakota Codified Law 22-1-2 (9)

"Crime of violence," any of the following crimes or an attempt to commit, or a conspiracy to commit, or a solicitation to commit any of the following crimes: murder, manslaughter, rape, aggravated assault, riot, robbery, burglary in the first degree, arson, kidnapping, felony sexual contact as defined in § 22-22-7, felony child abuse as defined in § 26-10-1, or any other felony in the commission of which the perpetrator used force, or was armed with a dangerous weapon, or used any explosive or destructive device.



Unified Judicial System

Request for Admission to Yankton County Drug Court

First Judicial Circuit

I, _____, state under penalty of law,
(print name)
that on _____ I was accused of/charged with
(Date)
the following offense (s):

I have no convictions for a violent offense as defined on the previous page. I have not been involved in a motor vehicle collision that resulted in injury or death to another person while under the influence of alcohol or other drugs.

I need substance abuse treatment and want to participate in the Yankton County Drug Court. I have read the entire contents of the Participant Handbook, understand everything in this document, and I am willing to follow the requirements of the Yankton County Drug Court if I am admitted into the program. I have had or will have meaningful opportunity to consult with an attorney regarding the Yankton County Drug Court.

Name (Signature)

(Date)



Drug Court Application Process

1. Read through the Participant Manual with defense attorney.
 2. Fill out and submit the following application and Consent for Disclosure of Confidential Substance Abuse Treatment Information to the Drug Court Office in the Yankton County Court House.
 3. **Once application is received** by the Drug Court, you will be required to keep two scheduled appointments. These appointments must be completed before the Team will further consider your application.
 - ☐ The Court Services Office will call you to schedule a LSI-R (Risk/Needs Assessment)
 - ☐ _____ will call you to schedule a Treatment Needs Assessment
- *Your attorney will receive written notification of acceptance or denial into the program.
4. If you are accepted into the program, you must complete the following forms, which are included in the Participant Manual.
 - ☐ Drug Court Publicity Consent Form
 - ☐ Drug Court Treatment Program Basic Understanding, Waivers and Agreements
 - ☐ Drug Court Participant Manual Receipt and Acknowledgement



Unified Judicial System

Application to Yankton County Drug Court Program

First Judicial Circuit

Date of Application		Do you need disability accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state request:		Will an interpreter be needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state language:	
Name			Alias		
Race		Sex		Date of Birth	
Current Address (Street)			Telephone Number		Cell Phone Number
City		State	Zip	Other States Lived in:	
How Long at this Address?		Armed Forces Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License Number	
Reliable Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			State ID Number		
Do You Have Children? <input type="checkbox"/> Yes <input type="checkbox"/> No Do You Pay Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No			Number of Dependents		
Significant Other					
NAME- Last, First, Middle (include Aliases)			DOB	Criminal Court Involvement-If so what?	
Other Members of Household					
NAME- Last, First, Middle (include Aliases)			DOB	Criminal Court Involvement-If so what?	
Next of Kin		Relationship		Telephone Number	
Current Employer		Monthly Income		Receive Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are You an Addict? <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Drug of Choice			

Primary Care Provider/Physician			
Mental Health Diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No		Take Psychotropic Medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List all Mental Health Diagnoses		List Medications	
Drug & Alcohol Evaluation Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No		LSI-R Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Agency Completing	Date	Score	Date
Highest Grade Completed		GED <input type="checkbox"/> Graduation <input type="checkbox"/>	
Skill or Trade		Certification or Degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
On Probation Currently? <input type="checkbox"/> Yes <input type="checkbox"/> No		Probation Officer	
Current Charges			Offense Date:
Do you have any matters pending in any other court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of court		Charges	
Have you ever been sentenced to drug court before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of court		Date:	
Have you ever been sentenced to the Penitentiary? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date:	
Defense Attorney Name		Telephone Number	
"The defendant consents to the disclosure of Drug/DUI Court application information, including a Risk/Needs Assessment and a Treatment Needs Assessment, prior to entry of a plea, for purposes of obtaining information useful for acceptance into the Drug/DUI Court Program."			
<div style="border-top: 1px solid black; margin-top: 5px;"></div> <div style="text-align: center;">Defense Attorney Signature</div>		<div style="border-top: 1px solid black; margin-top: 5px;"></div> <div style="text-align: center;">Applicant Signature</div>	
Date		Date	

CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE TREATMENT INFORMATION

I, _____, having agreed to enroll and participate in the Adult Drug Court Program, hereby acknowledge that treatment information normally is confidential under federal law. I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient (or client) records, and Part 164 of Title 45 of the CFR, which governs the confidentiality of mental and physical health records generally. I also understand that it is unlawful to violate these confidentiality requirements, but that both requirements permit me to voluntarily consent to permit disclosure of my health and substance abuse treatment information.

Therefore, I, _____, consent to allow the release of employment, medical, psychiatric, treatment, educational, mental health, or other documents and records which are deemed necessary for Drug Court purposes concerning Case No(s). _____. I also consent to the disclosure of on-going communications about my diagnosis, prognosis and compliance status, which includes, but is not limited to, the following:

- Assessment results pertaining to Drug Court eligibility, treatment needs, and supervision needs;
- Attendance at scheduled appointments;
- Drug and alcohol test results, including efforts to defraud or invalidate drug or alcohol tests;
- Attainment of treatment plan goals, such as completion of a required counseling regimen;
- Evidence of symptom resolution, such as reductions in drug cravings or withdrawal symptoms;
- Evidence of treatment-related attitudinal improvements, such as increased insight or motivation for change;
- Attainment of Drug Court phase requirements, such as obtaining and maintaining employment or enrolling in an educational program;
- Compliance with electronic monitoring, home curfews, travel limitations, and geographic or association restrictions;
- Adherence to legally prescribed and authorized medically assisted treatments;
- Procurement of unauthorized prescriptions for addictive or intoxicating medications;
- Commission of or arrests for new offenses; and
- Menacing, threatening, or disruptive behavior with staff members, fellow Participants or other persons.

These communications may be disclosed among the following parties or agencies involved in the Drug Court Program: the Drug Court judge, the Drug Court team members, the employees engaged in the Drug Court operations and administration, court services officers in the Drug Court Program, treatment providers utilized by me during the Drug Court Program, the Drug Court defense attorney, and/or other referring or treating agencies involved in the direct delivery of services through the Adult Drug Court Program.

I understand that the purpose of and the need for this disclosure is to: inform the court and the other above-specified agencies of my eligibility and/or acceptability for substance abuse treatment services; to report on and adequately monitor my treatment, attendance, prognosis, and compliance with the terms and conditions of the program; to discuss and assess my status as a Participant in the Drug Court

Program; and, to assess and comment on my progress in accordance with the Drug Court's reporting and monitoring criteria.

I agree to permit the disclosure of this confidential information only as necessary for, and pertinent to, hearings, and/or reports concerning the status of my participation and compliance with the conditions of my probation as defined by the Drug Court. I understand that information about my medical status, mental health and/or drug treatment status, my arrest history, my levels of compliance or non-compliance with the conditions of my Drug Court participation (including the results of urinalysis or other drug screening tools,) and other material information will be discussed and shared among members of the Drug Court team.

I further understand that as an essential component of the Drug Court Program summary information about my compliance or non-compliance will be discussed in an **open and public courtroom**, including but not limited to, whether I have attended all meetings, treatment sessions, the results of urinalysis or other drug testing as required, and the disclosure of my compliance or noncompliance with the terms and conditions of the Program as defined by the Court. It is entirely possible that third parties will attend these court sessions and will hear these discussions. This process will require the re-disclosure of confidential treatment information to individuals who have not been individually and specifically authorized to receive such information. Therefore, **I hereby specifically consent to any potential re-disclosure to third persons who may be in attendance at any of my Drug Court sessions.**

I further understand that if I re-disclose confidential information of any other Participant to another party, I expose myself to legal liability for unauthorized disclosure of confidential information.

Recipients of this confidential information may re-disclose it only in connection with their official duties. I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Drug Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Drug Court requirements, or upon sentencing for violating the terms of my Drug Court involvement.

Drug Court Participant

Date

Witness

Date



**Yankton County Drug Court Program
Unified Judicial System
First Judicial Circuit
Records Release Authorization (Drug Court Involvement)**

I, _____ authorize
(Name of Client)

- The Yankton County Drug Court Team (to include the Judge, defense attorney, prosecutor, probation officers, treatment representatives, law enforcement, and other Drug Court Team member)

AND

- Treatment Provider/s (to be added once known):
(Name and address of treatment program)

To communicate and to disclose to one another the following information: results of substance abuse evaluation/Treatment Needs Assessment (TNA), pertinent medical and/or psychological information, drug test results, or other diagnostic test results, and

Extent and nature of any addition information

The purpose or need for the disclosure is to **monitor my compliance with conditions of the Drug Court**. I understand that this **consent cannot be revoked**, but will remain in effect until there has been a formal and effective termination of my involvement with the **Drug Court Program**.

Signature of Client

Date

Signature of Witness

Date

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR-Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR-Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



Yankton County Drug Court Program
Unified Judicial System
First Judicial Circuit
Records Release Authorization (Referral for Treatment)

I, _____ hereby give permission to

(Name of Client)

(Name and address of treatment program who completed Substance Abuse Evaluation)

To release from my files the following information: results of substance abuse evaluation, involvement and requirements of the Drug Court Program, pertinent medical and/or psychological information, drug/alcohol screen/test results, other diagnostic test results, and

Extent and nature of any additional information:

This information is to **be released to any substance abuse treatment/service provider within a 200-mile radius**. The purpose or need for the disclosure is for referral to substance abuse services in compliance with the conditions of the Drug Court mandate. I understand that this **consent cannot be revoked**, but will remain in effect until there has been a formal and effective **termination of my involvement with the Drug court Program**

Signature of Client

Date

Signature of Witness

Date

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR-Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR-Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



Yankton County Drug Court Program
Unified Judicial System
First Judicial Circuit
Agreement of Participation

Name: _____ **DOB:** _____

1. **Alcohol/Drug Treatment and Counseling:** I will attend alcohol/drug treatment and participate in group, family, and/or individual counseling.
2. **Refrain from Further Possession or Use of Alcohol/Drugs:** I will not possess and/or use alcohol and/or illicit drugs and agree to submit to frequent and random drug/alcohol testing, including the 24/7 program, to detect the presence of alcohol or illicit drugs. I will not use or possess any urine adulterant products. Possession or use of any such products will be deemed a violation of this agreement. I understand that results of my tests shall be admissible as evidence in the Yankton County Drug Court. I shall not enter establishments where alcohol is the primary item for sale.
3. **Housing:** I understand that stable housing is necessary for my recovery and must be approved by the Yankton County Drug Court Team. I agree to comply with recommendations and restrictions.
4. **Refrain from Further Violation of Law:** I will not violate laws and I understand that any violation or arrest must be reported to the Yankton County Drug Court Team within 24 hours.
5. **Employment/Education/Job Training:** I agree to maintain approved employment and/or attend any education or job training programs to which I am referred. I will inform the Yankton County Drug Court Staff prior to changing employment. I will maintain at least a 30-hour work-week. The 30-hour work-week does not include treatment unless it is day treatment. The 30-hour week only includes work, school, or community service hours unless it is otherwise approved by drug court.
6. **Agreement to Make All Scheduled Appearances:** I will provide for my own transportation and shall appear as scheduled for Yankton County Drug Court sessions and all other appointments.
7. **Costs Related to Program:** I agree to pay all costs for my participation in the Yankton County Drug Court as set by treatment and the Court after consideration of my financial resources.
8. **Exchange of Information:** I understand that Yankton County Drug Court data is confidential and I will not discuss the program or disclose participant information to other individuals in treatment. I understand the Yankton County Drug Court Team will make reports to the Judge concerning my progress in treatment and the psychologist-patient/counselor-patient privileges shall not apply. I agree to release information and permit communication with outside agencies to assist in fulfilling the requirements of the Yankton County Drug Court.

9. **Medical Issues:** I agree to seek medical attention when appropriate and follow through with the recommendations. Any prescribed medications will be reported to the Yankton County Drug Court Team.
10. **Disclosure of Program Information:** I understand for purposes of study or review of this program, some otherwise confidential information may be disclosed to third parties, but that under no circumstances will this statistical data include my name, address, or other personal identifying information
11. **Confidentiality of Yankton County Drug Court Participation:** I understand that any statements or disclosures I make during the course of my participation in treatment, counseling, or court proceedings, in regard to drug use or drug seeking behavior shall be held confidential within the Yankton County Drug Court Team. If I am terminated from this program, the fact of my participation, the results of any testing, any statements I made during the course of the program, and the reason(s) for termination shall be privileged subject to appropriate waivers of said privilege.
12. **Participants Not Asked to Inform on Others:** The Court agrees that no defendant participating in this program will be requested to be an informant or encouraged to disclose information concerning any third parties as a condition of entry or completion of this program.
13. **Appropriate Behavior Among Participants:** I agree to respect the opinions and feelings of other program participants and understand verbal or physical threats or abuse will not be tolerated. I agree not to start any romantic or sexual relationships with other Yankton County Drug Court participants while actively involved in the program.
14. **Gambling:** I will not gamble nor enter any gambling establishments where the primary source of revenue is gaming funds without the written permission of my supervising officer.
15. **Site Visits:** I understand site visits to my home and place of employment will be conducted by the Yankton County Drug Court Team and/or law enforcement officers.
16. **Incarceration:** I understand that I may be incarcerated as a sanction for violations of the participant agreement and I agree to comply with the incarceration.
17. **Travel:** I will not leave the Yankton County area without prior approval of Yankton County Drug Court Team.
18. **Curfew:** I agree to abide by a curfew as determined by the Yankton County Drug Court Team. The curfew will have a beginning time when you are to be home and an ending time when you may leave. During your curfew you may be on your property, as long as you are able to hear and get to the telephone.
19. **Conditions of Supervision:** I agree to abide by all other conditions of supervised probation.

Participant _____ DOB: _____

Yankton County Drug Court Participant Handbook



Yankton County Drug Court
410 Walnut Street, Suite 203
Yankton, SD 57078
605-668-5459

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Why Drug Court?

In drug court, I have a chance to stay in the community and receive treatment instead of going to prison.

What is Drug Court?

Drug court participants go to treatment and to counseling as the court orders. By being in drug court, I can change my life and make it better.

If I agree to drug court, I will be sentenced to the program. During the time I am in drug court, I will have to come to court each week, go to treatment, and do random drug testing. I will also go to support group meetings. Drug Court lasts at least 17 months.

You could be offered Drug Court if you are:

1. At least 18 years old
2. Facing felony charges
3. Agree to be in the program
4. Not a drug dealer, sex offender or violent offender
5. Drugs or alcohol use has made your life unmanageable
6. Willing to live in Yankton County, where the drug court team can supervise you

Who helps me get into Drug Court?

My attorney can help me decide if I should do drug court. They can help me fill out an application.

What is a Drug Court Team and what happens at Court?

The Drug Court Team includes a judge, lawyers, probation officers, treatment people, program coordinator, and law enforcement. The Team will meet each week before court and talk about my case and how they can support me so I can succeed. The judge wants to know if I have been to all my treatment sessions, if I have had any positive UA's, if I have been going to work, and what I am working on in treatment. When I get to court, the judge will ask me about my week and I will tell the judge what has been happening. If I do well, the judge will give me an incentive. For the things I have not done well, the judge will give me a sanction. Sometimes the judge will instruct me to attend more treatment. At first, I will attend court each week. While I am there, I will encourage my fellow participants by clapping at their progress.

Confidentiality?

To participate in drug court, I must sign a release that says the drug court team is able to share information about my progress during the team meetings. When I go to court, the hearings are open to the public.

What are my rights in Drug Court?

If I agree to participate in drug court, I am agreeing to waive my right to usual court proceedings, such as questioning or disputing the legality of a search, seizure, or traffic stop; a preliminary hearing; and a trial by jury or court. Your attorney can explain this in detail to you.

What is random alcohol and drug testing?

To make sure I stay clean, I will have to do random drug and alcohol testing, sometimes every day, sometimes more than once a day. My name will be checked with the South Dakota Prescription Drug Monitoring Program to make sure I am not abusing prescription medications.

Phases of Drug Court

The Program generally consists of five (5) phases. Examples of each phase are explained in detail below. You are required to submit a written request to the Drug Court Team in order to advance to the next phase or graduate. Program length may vary, but is no less than eighteen months. Before graduating from the Program, you must complete a **Program Exit Survey**.

Phase 1

- Minimum of 30 days
- Court weekly
- Comply with treatment and supervision
- Develop case plan
- Weekly office visits
- Monthly home visits
- Random drug testing
- Curfew of 9:00 pm
- Address vocational needs
- Address housing needs
- Medical assessment
- Introduction to Self-help groups
- Change people, places, and things
- No negative contact with Law Enforcement
- Develop wellness plan
- Make daily entries in planner/journal

In order to advance to next phase:

- Regular attendance at treatment, office visits, and honesty
- 14 days of continuous sobriety
- Complete application and present to the Court to move to Phase 2

Phase 2

- Minimum of 4 months
- Court weekly

- Comply with treatment and supervision
- Review case plan
- Weekly office visits
- Monthly home visits
- Random drug testing
- Curfew of 10:00 pm
- Self-Help Groups (e.g. 12 step groups and SMART Recovery)
- Maintain team approved housing
- See/obtain and participate in full time employment, training or education
- Address finances (budget assessment)
- Change people, places, and things
- No negative contact with Law Enforcement
- Make daily entries in planner/journal

In order to advance to next phase:

- Comply with treatment and supervision
- 60 days of continuous sobriety
- Complete application and present to the Court to move to Phase 3
- Make consistent monthly payments

Phase 3

- Minimum of 4 months
- Court bi-weekly
- Comply with treatment and supervision
- Review case plan
- Bi-weekly office visits
- Monthly home visits
- Random drug testing
- Curfew of 10:00 pm
- Self-help Groups (e.g. 12 step groups and SMART Recovery)
- Maintain fulltime employment, training or education
- Demonstrate change in people, places and things
- No negative contact with Law Enforcement
- Make daily entries in planner/journal

In order to advance to next phase:

- Comply with treatment and supervision
- Demonstrate change in people, places and things
- 60 days of continuous sobriety
- Complete application and present to the Court to move to Phase 4
- Make consistent monthly payments

Phase 4

- Minimum of 4 months
- Court monthly

- Comply with treatment and supervision
- Review case plan
- Bi-weekly office visits
- Monthly home visits
- Random drug testing
- Curfew of 11:00 pm
- Peer Support Groups (e.g. 12 step groups and SMART Recovery)
- Maintain fulltime employment, training or education
- Demonstrate change in people, places and things
- No negative contact with Law Enforcement
- Make daily entries in planner/journal

In order to advance to next phase:

- Comply with treatment and supervision
- Demonstrate change in people, places and things
- 90 days of continuous sobriety
- Complete application and present to the Court to move to Phase 5
- Make consistent monthly payments

Phase 5

- Minimum of 4 months
- Court monthly
- Comply with treatment and supervision
- Review case plan
- Monthly office visits
- Monthly home visits
- Random drug testing
- Curfew of 12:00 am
- Self-help Groups (e.g. 12 step groups and SMART Recovery)
- Maintain fulltime employment, training or education
- Develop a continuing care plan
- Maintain change in people, places and things
- No negative contact with Law Enforcement
- Make daily entries in planner/journal

How do I complete drug court?

I am required to submit a written request to the Drug Court Team asking to graduate and explain all I have completed in the program. I will be in drug court for least seventeen (17) months and will have to do all of the following to graduate.

Commencement Requirements

- Complete Phase 5
- Maintain change in people, places and things
- Pay all treatment related fees
- 90 days continuous sobriety
- Full time employment
- Program approved housing
- Participated in Program for at least seventeen (17) months

Upon successfully completion of all five (5) phases, upon meeting graduations requirements, and upon recommendation of the Drug Court Team, you will graduate from Drug Court. Graduation from Drug Court is recognized as a very important event. Your loved ones and friends will be invited to join you at a special ceremony as the Drug Court Team congratulates you for successfully completing all phases of the Drug Court Program and achieving all the goals to establish a healthy lifestyle.

OTHER INFORMATION TO KNOW

What are Incentives?

An incentive is an acknowledgement by the Drug Court Team that you have reached a milestone or have completed a goal towards your life in recovery.

Some examples of incentives:

Incentives can include but are not limited to the following.

- Progression in the Program
- Fishbowl drawing (gift cards to local businesses, etc.)
- Court Cash
- Applause
- Acknowledgement from the bench
- Group incentives
- Paid minutes for cell phone
- Payment for GED testing
- School supplies
- Decreased supervision
- Decreased court attendance
- Medal to mark milestones
- Opportunity to tell story to the court
- Commencement

What are sanctions?

Sanctions are given for not following the program. Not following the rules of the program is a violation. The Drug Court Judge and Team will decide sanctions based on any violations.

Some examples of Sanctions:

Sanctions can include but are not limited to the following:

- Increased court appearances
- Increased reporting to Court Services
- Additional drug testing
- Temporary incarceration
- Delay in phase promotion
- Temporary phase demotion
- Written assignments for court
- Verbal reprimand
- Additional community services hours
- House arrest
- Imposition of electronic monitoring
- Daily written schedule
- Stricter curfew
- In-court apology
- Honesty journal
- Loss of driving privileges
- Termination

What are therapeutic adjustments

A therapeutic adjustment is a change in my treatment plan.

Some examples of Therapeutic Adjustments:

Therapeutic adjustments can include but are not limited to the following:

- Increased self-help meetings
- Increased drug/alcohol testing
- Journaling
- Motivational interview exercises
- Evaluation of possible medication
- Increased court appearances
- Increased treatment intensity
- Additional assessments or evaluations
- Residential treatment

What happens if I fail to follow the rules of the program?

When I fail to show up, try, and be honest and not follow the rules of the program, I can be terminated or fail drug court.

Some examples of reasons to terminate are:

Reasons to be terminated can include, but are not limited to the following:

- Concern for public safety
- Threat to the integrity of the program
- Available treatment options have been exhausted, and the participant is no longer working towards recovery
- Violating rules of the Drug Court
- Commission of a crime
- Failure to attend Drug Court hearings
- Abandonment of treatment program
- Evidence that participant is involved with drug dealing or driving while under the influence
- Evidence that participant is involved in any threatening, abusive, or violent verbal or physical behavior towards anyone
- Tampering with drug/alcohol screening tests
- Inability to pass required drug/alcohol screening tests for any reason
- Failure to make satisfactory progress
- Any other grounds that the Drug Court Team finds sufficient for termination

Process for Termination

1. A member of the Drug Court Team makes a motion for termination.
2. Your probation officer will give you a written copy of the possible violations
3. You can ask for an attorney to be appointed to represent you.
4. You have a right to an evidentiary hearing to contest the allegations against you. Additionally, you will have a chance to talk to the Judge and the Team concerning the motion to terminate you from the program.
5. The Judge makes the final decision if you will stay in the program.
6. If you are terminated, the Court shall advise you of your rights concerning potential probation revocation and appoint you an attorney.
7. You are required to participate in a termination interview and may be subject to a probation revocation proceeding.

Voluntary Removal

You may request to be removed from the Drug Court Program. Before you make a request, you should visit with an attorney. If you have absconded or have run off from court services supervision while in the Drug Court Program, you will be considered to have voluntarily removed yourself.

Fees

Court Related Fees

While you are in Drug Court, you must make payments for court fees. This can include the following:

- Child support
- Restitution
- Crime Victim Fund
- Public Defender fees
- Other

You will work with your probation officer to set up a payment plan.

Program Related Fees

You may be required to pay for testing, monitoring, and treatment while in the program, which may include:

- UA's
- 24/7 Program
- SCRAM
- Interlock
- Treatment
- Court fines



Drug Court Publicity Consent Form

I hereby consent to and authorize the use, publication and reproduction of all media by the Drug Court or anyone it authorizes, for all photographs/video taken of me, with or without names as the case may be, for any editorial, promotional, advertising, educational or other purpose.

I understand that any photographs or videos may be used in any publication for promotion of Drug Courts. I realize that this coverage may place my picture, with or without further explanation, alone or accompanied by other pictures, in a story, on a website, or on a cover of any or all publicity materials for Drug Courts. I hereby release the Drug Court, its staff, and employees, or anyone it authorizes, from all claims relating to or arising from the uses consented above.

I am over eighteen years of age, have read this consent and release, or have had it read and explained to me, fully understand its contents, and enter into it voluntarily and without coercion.

Print Name _____

Address _____

City, State, Zip _____

Phone _____

Date _____

**YANKTON COUNTY DRUG COURT
TREATMENT PROGRAM BASIC UNDERSTANDING,
WAIVERS AND AGREEMENTS**

Defendant's Name: _____

Address: _____

Date of Birth: ____/____/____ Phone Number(s): _____

I UNDERSTAND THAT:

As a condition for participation in the Drug Court Treatment Program, I must give up certain statutory and/or constitutional rights. I hereby voluntarily agree and consent to give up the following statutory and/or constitutional rights upon my acceptance into the Drug Court Treatment Program enumerated below:

1. **LEGAL WAIVER:** I do hereby release and forever discharge the complaining witnesses, victim(s), the Drug Court Judge, the State's Attorney's Office, the Defense Attorney on the Drug Court Team, the Court Service Officer(s), the Drug Court Staff, and their respective heirs, successors, executors, administrators, and assigns from any and all claims of any kind or nature whatsoever, either in law or in equity, arising out of my arrest, participation in, or termination from, the Drug Court Program, and do expressly release and forever hold them harmless from any criminal or civil action which I may have a right to bring as a result of my arrest or participation in the Drug Court Program. (____)
2. **RELEASE OF INFORMATION:** I agree to complete a diagnostic evaluation for the development of my Drug Treatment Program as ordered by the Court. I hereby authorize release of all treatment information by the provider to the Court, Court Services, and the Drug Court Team. The Team and Court may consider any such information in deciding whether I remain in the Drug Court Treatment Program. (____)
3. **STATUS OF PROGRAM:** I have no legal right to participate in the Drug Court Treatment Program, and my acceptance and participation is a privilege. I may be excluded or terminated from the Program at any time. (____)
4. **PROGRAM LENGTH:** The length of the Program varies, with the minimum time to complete all levels of programming being one (1) year. Average program length is 12 to 24 months, depending on my needs, abilities, and motivation to meet Program objectives. Upon successful completion of Drug Court, I may be ordered to complete the remainder of my probation period on standard probation. (____)
5. **GENERAL REQUIREMENTS:** I must attend all Drug Court sessions, attend treatment sessions, pass repeated drug screens, and address problems such as corrective thinking that contribute to my addiction. I must reduce risk factors which may include improving my family

situation, bettering my employment status, increasing my educational level, moving from known drug distribution areas, etc. I may be required to pay restitution, fees for participation in the Program, fines, my Court Appointed Attorneys Fees, and any other related costs. I must make suitable progress towards controlling my addiction, and the Program will set individual requirements that I must meet. (____)

6. **INDIVIDUALIZED TREATMENT PLANS:** The Clinician I am assigned to will set my individual treatment plan requirements, which will then be reviewed by the Drug Court Team. The final decisions regarding my progress, compliance with Program requirements, and continued participation are in the Judge's sole discretion. I have no right to appeal the Court's decisions. (____)
7. **COMMUNITY SUPPORT GROUP MEETINGS:** You will be required to attend community support group meetings as part of your treatment plan. The Drug Court may provide secular group alternatives if you so choose. Your choice of community support group is voluntary, although you must choose one of the possible alternatives given by the Drug Court Team and your treatment provider. If you decide to change groups, your treatment provider and the Drug Court Team must first approve the change. Your attendance at group meetings will be recorded, and you will be subject to sanctions for not attending. (____)
8. **TERMINATION:** I can quit the Program at any time but I must meet with the Drug Court Judge and Team to discuss my reasons for this decision and they may delay my withdrawal from the Program for a reasonable amount of time to make sure my decision is firm. If I voluntarily terminate myself from the Program, abscond from the Program, or am involuntarily terminated, I understand that I will be subject to revocation of my suspended sentence. (____)
9. **FEES:** I will have to pay for some components of the Program, such as:
 - A. Drug Testing;
 - B. Ankle Bracelet Monitoring System;
 - C. Treatment/Counseling;
 - D. 24/7 Sobriety Program.Money I pay into the Program is non-refundable. If I quit, am terminated from the Program, or if the Program ends for any reason, I will not get my money back. (____)
10. **SANCTIONS:** If I do not fully comply with the Program, the Judge may impose sanctions at his/her sole discretion. Additionally, my Court Service Officer(s) (CSO) may impose administrative sanctions. As a condition of my participation in the Drug Court Program, I do not have a right to an Evidentiary Hearing to contest the imposition of most sanctions. I do have the right to a Hearing to contest sanctions that

may result in a loss of liberty, including jail sanctions. The Judge may also terminate me from the program. (____)
11. **COMMISSION OF A CRIMINAL OFFENSE:** If I commit an additional criminal offense, excluding minor traffic offenses, I may be terminated from the Program. (____)

12. COURT PROCEEDINGS: The Drug Court proceedings will be informal and performed in open Court. Clothing bearing drug or alcohol related themes, or promoting alcohol or drug use is not allowed. (____)
13. SEARCHES:
- A. I will submit to random searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol, or any paraphernalia at the request of the Court Service Officer(s) (CSO). I am aware that law enforcement, under the direction of the CSO, will be included in the above random searches as part of my participation in the Program. (____)
- B. I will be subject to random searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol or any paraphernalia by treatment provider staff or their designee while participating in the treatment program or while on treatment provider property. Failure to comply with these requirements may result in sanctions. (____)
14. ATTORNEY: Drug Court is a non-adversarial forum and, therefore, treatment and accountability is the primary concern. I understand that the attorney who represented me in the criminal case does not represent me in Drug Court, and the defense attorney who participates in the Drug Court is not acting as my attorney (even if the same attorney who represented me is also the defense attorney who participates in drug court). If the attorney who represents me in the criminal case is the same attorney who participates in the Drug Court, I waive any claim of conflict that might otherwise arise if that attorney is required to later represent me in court proceedings (for example, if I am terminated from the Drug Court Program). (____)
15. DISCUSSIONS IN MY ABSENCE. I understand and acknowledge that the members of the Drug Court Team, including the Defense Attorney and the Prosecuting Attorney, will be talking to the Drug Court Judge about me, my progress in the Program, and any problems that I might be having. The Team may also discuss with the Judge, at various times, sanctions or rewards, which I may receive because of my participation in the Program. I also understand and acknowledge that I will not be present for these discussions with the Judge. It has been explained to me these discussions with the Judge without me being present are necessary in order for me to receive the maximum benefit from the Program. I understand this and waive my presence at these meetings and discussions with the Drug Court Judge. (____)
16. WAIVER OF PRIVACY: Program officials may require me to provide very personal information. This may include, but will not be limited to: my criminal record, financial and tax information, child support records, education and work history, family history, and medical and psychiatric information. I understand and agree that these things may be discussed in open Drug Court session, in treatment sessions, or in other settings related to participation in the Program. I agree to sign specific releases promptly to allow the gathering of this information. (____)
17. DUTY TO NOTIFY: I must obtain permission from my Court Service Officer(s) (CSO) prior to making any change in my residence or mailing address, any change, or disconnection of my phone number, or any change in my employment. I must also notify my Court Service

Officer(s) (CSO) immediately after any law enforcement contact. (____)

18. CONTACT WITH LAW ENFORCEMENT: I must obey all laws, and notify my Court Service Officer(s) (CSO) of any criminal charges that are made against me, including any driving violations or minor offenses. My arrest or conviction on other charges, or my failure to report other charges, may result in termination from the Program. (____)
19. NO ALCOHOL OR CONTROLLED SUBSTANCES: I understand that I cannot drink, possess, or otherwise ingest alcohol, nor may I associate with those who do, while I am a participant in the Drug Court Program. I also understand that I cannot use or possess marijuana, K2 or like substances, synthetic marijuana, scheduled controlled substances, over-the-counter drugs except as authorized herein, or any mind-altering substances, nor associate with those who do, while I am a participant in the Drug Court Program. (____)
20. MEDICATIONS: I understand that I will be required to provide frequent and random searches of my blood, breath or urine, person, possessions, vehicle or residence for controlled substances, alcohol, or any paraphernalia as a condition of my participation in the Drug Court Program. I agree that I will not take any medications, including cough, cold, and any other over-the-counter medications without prior approval from my treatment provider and my Court Service Officer(s) (CSO). I also agree to provide a complete list of my medications to my treatment provider and my Court Service Officer(s) (CSO). I also will not use or consume any food or beverage that contains poppy seeds while I am in the Drug Court Program. (____)
21. DRUG TESTING: I understand that results of my tests shall be admissible as evidence in the Drug Court. (____)
22. MEDICAL NEEDS: I, unless authorized by the Drug Court Team, will have only one doctor meeting my primary health needs. All appointments must be scheduled with that doctor or medical professional with the knowledge and permission of the Drug Court Team or my CSO, including emergent needs. (____)
23. ALCOHOL/DRUG TREATMENT AND COUNSELING: I will attend alcohol/drug treatment and participate in group, family, and/or individual counseling. (____)
24. HOUSING: I understand that stable housing is necessary for my recovery and must be approved by the Drug Court Team. I agree to comply with their recommendations and restrictions. (____)
25. EMPLOYMENT/EDUCATION/JOB TRAINING: I agree to maintain approved employment and/or attend any education or job training programs to which I am referred. (____)
26. GAMBLING: I will not gamble nor enter any gambling establishments where the primary source of revenue is gaming funds without the written permission of my supervising officer. (____)
27. CURFEW: I agree to abide by a curfew as determined by the Drug Court Team. The curfew will have a beginning time when I am to be home and an ending time when I may leave. During my curfew, I may be on my property, as long as I am able to hear and get to the telephone. (____)

28. FREE, VOLUNTARY, KNOWING AGREEMENT: My participation in the Program requires that I waive very important rights. I have fully discussed my rights with the Defense Attorney on the Drug Court Team before agreeing to enter into the Program. I am satisfied that I understand how the Program will affect my rights. At the time of executing this document, my thinking is clear and I am not under the influence of any substance. The decision to waive my rights and enter the Program is mine alone and made of my own free will. I expressly agree to accept and abide by all the terms and conditions of the Drug Court Treatment Program as established by the Court and the Treatment Provider. (____)
29. NO REVOCATION OF ASSIGNMENT: I hereby consent to this case being assigned to the Drug Court Judge for all purposes, including sanctions. (____)
30. I hereby consent to the disclosure of Drug/DUI Court application information, including a Risk/Needs Assessment and a Treatment Needs Assessment, prior to entry of a plea, for purposes of obtaining information useful for acceptance into the Drug/DUI Court Program. (____)

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Drug Court such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Drug Court requirements, or upon sentencing for violating the terms of my Drug Court involvement.

SIGNATURE OF DEFENDANT

DATE

SIGNATURE OF WITNESS

DATE

South Dakota Prescription Drug Monitoring Program

I, _____, having agreed to enroll and participate in the Drug Court Program, hereby acknowledge that treatment information normally is confidential under federal law. I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations (CFR), which governs the confidentiality of substance abuse patient (or client) records, and Part 164 of Title 45 of the CFR, which governs the confidentiality of mental and physical health records generally. I also understand that it is unlawful to violate these confidentiality requirements, but that both requirements permit me to voluntarily consent to permit disclosure of my health and substance abuse treatment information.

Therefore, I, _____, give consent to _____, Court Services Officer and Team) to obtain my Prescription Drug Monitoring Program data from the South Dakota Pharmacy Board for the purpose of assisting the Drug Court with my case, specifically for supervision and treatment. All information obtained through the PDMP program will be kept confidential between the Drug Court Team. I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Drug Court for the case named above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the Drug Court requirements, or upon sentencing for violating the terms of my Drug Court involvement.

Signature _____

Date _____

Witness Signature _____

Date _____



Drug Court Participant Manual

Receipt and Acknowledgement

I, _____, acknowledge receipt of the Drug Court Participant Manual. I understand that it is my responsibility to read and comply with the policies contained in the handbook and any revisions made to it.

Participant's Printed Name: _____

Participant's Signature: _____

Date: _____

Court Services Officer Signature: _____